

Case Number:	CM14-0014650		
Date Assigned:	06/30/2014	Date of Injury:	10/10/2001
Decision Date:	09/12/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old female with a date of injury on 10/10/2001. Diagnoses include shoulder impingement, lateral epicondylitis, cervicogenic disc disease, and lumbogenic disc disease. Subjective complaints are of daily pain rated 7/10 in injured areas. There is spasm in the low back, and numbness and tingling. Norco reduces pain to 5-6/10 and provides for improved function. Physical exam notes the patient is overweight, satisfactory cervical range of motion, tenderness in the low back, and right elbow extends to 180 degrees and flexes to 170 degrees. Medications include Flexeril, Lyrica, Trazodone, Diclofenac, and Norco. Records indicate that the patient has completed 12 sessions of aquatic therapy with positive result.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 21-23.

Decision rationale: The CA MTUS Guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse

effects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. Due to clear guidelines suggesting Cyclobenzaprine as short term therapy this request is not medically necessary.

Diflofenac 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, this request for Diclofenac is medically necessary.

Norco 10/325mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary.

Aqua Therapy x 6 months (Appeal): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PHYSICAL THERAPY, AQUATIC THERAPY.

Decision rationale: The CA MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For this patient, there is no evidence of extreme obesity or presented rationale why land based exercise or therapy was not sufficient. Therefore, the medical necessity of aquatic therapy is not established.